

**REGISTRATION FORM FOR CAP-TO-CAP 2023 TO BE WAITLISTED**

Please complete this form and e-mail to Susan Harris-Brazelton – [sharris@metrochamber.org](mailto:sharris@metrochamber.org) – 916-826-5410

**ATTENDEES'S REGISTRATION INFORMATION.** Please print legibly entering **full LEGAL Name** as it appears on ID.

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth (Mandatory) : Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Business Phone #: ( ) \_\_\_\_\_ Attendee's Cell Phone #: ( ) \_\_\_\_\_  
Mandatory

Attendees E-mail address: \_\_\_\_\_ Name to Appear On Badge: \_\_\_\_\_

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Administrative Assistant's Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
(If applicable)

Admin's E-mail address: \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

**FORM OF PAYMENT:** CHECK \_\_\_\_\_ or If using Credit Card, fill out the information below:

Note: A 3.1% non-cash fee will be added after the registration is completed if paying with a credit card

CARDHOLDER'S NAME \_\_\_\_\_

CARDHOLDER'S BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CARDHOLDER'S PHONE # ASSOCIATED WITH ACCOUNT: ( ) \_\_\_\_\_ - \_\_\_\_\_

TYPE OF CREDIT CARD: \_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ DISCOVER CARD \_\_\_ AMEX

CREDIT CARD # \_\_\_\_\_ EXP DATE \_\_\_ / \_\_\_

CVV2# (3 OR 4 DIGIT NUMBER ON BACK OR FRONT OF CARD) \_\_\_\_\_

**PLEASE SELECT:**

- Group Flights: Yes \_\_\_\_\_ or No \_\_\_\_\_ If no air, you will receive a \$350 air credit  
If the flights you selected are sold out, you will be notified and other options will be provided.
- Hotel Dates: Check-In: \_\_\_\_\_ Check-Out: \_\_\_\_\_  
Note: The basic package includes 4 nights. If you add any additional nights, you will be charged for the extra nights @ \$390.00 per night
- Hotel: Single Occupancy or Double Occupancy? \_\_\_\_\_ - If Double, who is your roommate? \_\_\_\_\_
- Any Dietary Restrictions? \_\_\_\_\_ 5. Elected Official: Yes \_\_\_\_\_ or No \_\_\_\_\_
- Team Choice: 1: \_\_\_\_\_ 2: \_\_\_\_\_  
Refer to brochure for choices. Only 1 is mandatory.
- If taking a Group Flight: Mileage Number \_\_\_\_\_ TSA # \_\_\_\_\_  
If Applicable If Applicable